

9 April 1973

MEMORANDUM FOR: Director of Medical Services

SUBJECT : Answers to Questions Relating to Clinical Division  
Program Submission for FY 1975

REFERENCE : DD/M&S 73-1318 Memorandum dated 5 April 1973

A. Health Education Program

The effectiveness of an educational program is difficult to measure in the same sense as an educational institution (graduate performance, etc.). Information, felt to be pertinent, is presented to guide and inform persons in a way that a newspaper guides the public. How knowledgeable a person becomes regarding the subject is, in part, a measure of the effectiveness of each supporting effort.

There is no measure of success or effectiveness in a Health Education Program other than that measure which is used in the evaluation of a total preventive medical program of which education is a part. It complements individual verbal consultation within that preventive medicine sphere by "mass consultation." Acceptance by the user is a "measure" but is not necessarily a measure of "success."

B. MPT/PHE

1. This program addresses itself in particular to all employees of the Agency not to just those being assigned overseas. The health fitness of Agency employees for efficient performance of their assigned work is an important element in a progressive personnel management system and in effective administration of Agency programs. In essence, the program will help reach that goal of conserving experienced valuable manpower.

2. Definable benefits that the Agency will derive are:

- a. Assist the Agency employee to maintain optimum health while on the job.
- b. To serve the employer, the U. S. Government (Agency) by increasing or maintaining production through methods and standards which promote optimum health for the employee in his work environment.

3. The limits, legal or otherwise to the amount of service we can offer employees are defined by the following:

PUBLIC LAW 79-658

Authorizes a health program for the purpose of promoting and maintaining the physical and mental fitness of employees.

PUBLIC LAW 81-110

The Central Intelligence Agency Act of 1949, as amended

Section 4 (5) (A)	Travel in case of injury
Section 4 (5) (B)	Overseas Medical Facilities
Section 4 (5) (C)	Payment for Injury or Illness
Section 4 (5) (D)	Periodic Examinations and Inoculations
Section 8	Operational Medical Support

PUBLIC LAW 84-828

Amends the Foreign Service Act of 1946 to include medical benefits for dependents.

PUBLIC LAW 87-195

Further amends the Foreign Service Act to broaden the basis for medical travel.

PUBLIC LAW 90-221

Another amendment of the Foreign Service Act to improve certain benefits for employees who serve in high-risk situations, and for other purposes.

FEDERAL EMPLOYEES COMPENSATION ACT

BUREAU OF THE BUDGET CIRCULAR NO. A-72 (18 June 1965)

Statement of current Federal policy on providing programs of health services to employees.

4. Consequences of not proceeding with the MPT/PHE program would be the Agency's way of stating that it neither has the progressive personnel management and/or resources to completely comply with the above mentioned Public Laws, and in essence the Agency will never reach the optimum goal of conserving all not just some of the experienced valuable manpower.

Chief, Clinical Division/ OMS

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MEMORANDUM FOR: Director of Medical Services

SUBJECT : Suggested Responses to Questions Regarding  
Program Submission for FY 1975

A. Health Education

1. How one can measure the effectiveness of a Health Education Program.
  - a. One can measure a person's knowledge of a given subject before and after the introduction of the HE material and determine whether there has been any quantifiable change.
  - b. One can evaluate whether or not there has been any change in a person's behavior after the use of HE material as compared to before the introduction of the HE material. Since it is conceivable other factors may have contributed to any change of behavior, it would probably be necessary to use regression analysis to determine precisely what percentage any HE Program provides in creating the relearning of life patterns.
  - c. One could measure the differences in the mortality and morbidity for specific entities covered by HE material in a study group provided the service and a control group not provided the service.

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B. MPT/PHE Program

1. Is OMS expanding to meet a real need or adding a luxury service.
  - a. There are [ ] presently deriving only limited benefit from any of the preventive medical programs of OMS. There is a need to extend our services to them to provide them with services comparable to those services their fellow employees are receiving.
  - b. There is a need of providing these employees with preventive medical services to supplement the principally curative-type services they are presently receiving whenever the need arises. Preventive services are not regarded as luxury services, but as an essential part of any good medical program.
  - c. This is not a luxury service, but rather is an accepted standard in many areas of industry and private medicine. We need to provide these services to remain abreast of the standard of practice in other areas of society.
2. The benefits to be derived from the program.
  - a. Conservation of manpower through early detection of medical problems and timely medical guidance to reduce risks of morbidity and mortality.
  - b. Increased productivity of employees through preserving good health, correcting curable problems or simply by virtue of the Hawthorne effect.

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3. The consequences of not proceeding with the  
program.

- a. There would be no contribution to the  
conservation of manpower in this group of  
[REDACTED]
- b. OMS would not be making any substantial  
contribution to any increased productivity  
in these employees.
- c. This group of employees would continue to  
not receive services comparable to those  
services other groups of Agency employees  
are presently receiving.
- d. OMS would not be providing for these  
employees a standard of care found in  
many other sectors of industry and private  
medicine.

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[REDACTED]

Medical Systems Development Officer  
Office of Medical Services

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